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October 21, 2008

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

APPROVAL OF SUPPORT FOR THE DEVELOPMENT OF COMMUNITY-WIDE HOME VISITATION SERVICES AND A PLAN FOR THE EXPANSION OF THE NURSE FAMILY PARTNERSHIP (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)

SUBJECT

Request support for the development of community-wide home visitation services and of a plan for the expansion of the Nurse Family Partnership and other similar programs, and direct the Department of Public Health to work with First 5 LA as well as other County departments to identify and seek funding to implement a countywide home visitation system.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Support the development of community-wide home visitation services and of a plan for the expansion of the Department of Public Health's (DPH) Nurse Family Partnership (NFP) and similar programs as a strategy to improve outcomes for families in Los Angeles County and prevent child abuse; and

2. Direct DPH to work with First 5 LA, as well as other County departments, including the Departments of Health Services (DHS), Mental Health (DMH), Public Social Services (DPSS), and Children and Family Services (DCFS), the

Probation Department, Public Defender, and the Chief Executive Office (CEO), to identify and seek funding to develop and implement a countywide home visitation system and expand existing home visitation programs.

PURPOSE OF RECOMMENDED ACTION/JUSTIFICATION

Recent child abuse cases illustrate the challenges our social services and health systems face in recognizing and providing intervention for children who are being abused, and how essential it is to intervene earlier with mothers/parents to identify and address issues that may lead to abuse. Although better communication pathways among departments and agencies may result in earlier intervention in these cases, it is unlikely that communication alone will prevent abuse. The best solution in these cases is prevention and/or supportive services prior to birth or soon thereafter. Accordingly, DPH is proposing that the Nurse Family Partnership (NFP) Program be expanded in order to act as a primary child abuse prevention program through the provision of home visitation services for clients determined to be at the highest risk for child abuse.

The requested action by your Board to support the development of community-wide home visitation services and a plan to expand these services, including direction to seek available funds, will enable the DPH Director to advocate on behalf of the County, as a representative on the First 5 LA Commission, for additional funding for program expansion.

Implementation of Strategic Plan Goals

This action supports Goals 5, 6, 7 and 8: Children and Families' Well-Being, Community Services, Health and Mental Health and Public Safety of the County Strategic Plan, by providing a primary prevention program and early home visitation services that improve prevention of child abuse.

FISCAL IMPACT/FINANCING

This action has no direct fiscal impact; however, it instructs DPH to work with First 5 LA and other County departments to identify funding streams that could be integrated to build a countywide home visitation system and expand programs such as NFP for the highest risk clients. No additional net County cost (NCC) is being requested.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

THE NEED FOR UNIVERSAL FAMILY ENGAGEMENT AND HOME VISITATION

The prenatal period and the first three years of life are the most critical in terms of the intellectual, social, and emotional development of a child and the availability of

resources and support services for parents during this time are of critical importance to promote a child's optimal development. Studies show that there is a clear and consistent relationship between the quality of early parenting and the child's intellectual, behavioral, and emotional outcomes. Family education that can help parents to better understand and respond to the needs of their developing child is vital to improving outcomes for children.

Reaching and engaging women during pregnancy, especially their first pregnancy has been shown to change the trajectory of the life of both the mother and her child in a positive direction. Reaching parents at the earliest possible time in the child's life and educating them about the need for the development of effective, safe and nurturing parenting skills is the goal of this family engagement strategy. This is particularly true for families in high-risk environments, when issues such as safety, poverty, single parenting, untreated substance abuse, mental illness, and multiple other risk factors are associated with adverse family and child outcomes.

Many new parents are either unaware of the importance of the first three years of development and/or do not know where to go for assistance when it is needed. A system is needed where each new family is screened for immediate needs, provided information about all of the programs and services they are eligible for, and given the opportunity to receive at least one home visit and on-going information on child development. Providing a system that can be accessed countywide presents an opportunity to positively influence the life of each and every child born in Los Angeles County. Offering universal assessment immediately after birth in the hospitals would ensure that almost all families with new babies are reached, and all families would have the opportunity to participate in the supportive services offered. This assessment should be connected with a continuum of care services that would allow for additional support to be given to at-risk families during pregnancy and/or after the birth of their child to optimize the health and well being of the baby.

In Los Angeles County there is currently no community-wide system in place that universally provides parents with an opportunity to learn about parenting and early childhood development, or obtain assistance on issues such as basic health care, insurance coverage, nutrition, breastfeeding, family violence, maternal depression, improving home safety, etc. We envision a voluntary system where all pregnant women and their families are assessed in pre-natal care or at birth and offered one or more home visits, scheduled at key developmental points before and/or after the birth of the child. Families that have a higher risk profile would be offered a more intensive program, such as the evidence-based NFP. Families with a lower risk profile would be offered services through First 5 LA's Best Start program. NFP and Best Start are described below. This assessment and enhanced home visitation program would be rolled out in a few high-risk communities in Los Angeles County and gradually expanded countywide.

Other counties in California have already invested in family engagement and home visitation. Attachment I contains examples of the programs First 5 Commissions around the state have invested in to provide these services. These examples demonstrate that this approach is affordable, feasible and positively impacts the health and well-being of children and families.

FIRST 5 LA'S BEST START

Since November 2004, First 5 LA has been developing a proposed framework for its Prenatal-to-Three focus area, which encompasses four major areas:

1) Direct Services: Universal Family Engagement at Birth. This consists of a standard screening at birth to identify families who may need additional assistance or support. Voluntary follow-up home visits done by a public health nurse or a community health worker would further assist families to meet their needs, support breastfeeding, check for infant safety and postpartum depression, and provide appropriate referrals.

2) Community Capacity Building: Development of a physical space – called "Best Start" similar to a Family Resource Center that would provide educational activities, contain family and baby friendly play areas, hold forums for policy discussion and foment partnering arrangements between providers in the community.

3) Policy: A policy component would be implemented to advocate for changes in the systems that affect the ability of families and communities to support their children.

4) Data: A comprehensive data infrastructure would be developed to track the data on screening and needs for resources to inform policy and programmatic work to improve the lives of young children and families.

These four areas are critical components to building a universal family engagement and home visitation strategy. First 5 LA is currently planning to implement pilot sites for Best Start and is piloting the family engagement tools in collaboration with the County's Centralized Case Management project at Magnolia Place. With over 150,000 births annually, it is prudent to launch this program in pilot sites that will allow time to learn the best ways to bring a program such as this to scale in Los Angeles County. But the First 5 LA funds allocated to date are limited. To truly build a universal system of family engagement and home visitation will require additional resources. For the County's most vulnerable clients, including pregnant and post-partum women facing criminal charges, a more intensive in-depth program is needed.

Three County departments and organizations referenced in this action serve on the First 5 LA Commission. Drs. Fielding and Southard are the Commissioners representing

DPH and DMH. Deanne Tilton is an ex-officio member representing the Inter-Agency Council on Child Abuse and Neglect.

NURSE FAMILY PARTNERSHIP (NFP)

DPH's NFP Program has been operational in Los Angeles since 1997, and is strongly supported by your Board, several philanthropic agencies and other organizations in the County. It is a nationally recognized model of nurse home visitation for first-time pregnant young women who are living in poverty. NFP has been empirically evaluated for over 30 years, and has been scientifically proven to achieve excellent outcomes that promote the health, safety and well being of the mother, child and family, and most importantly, it has been shown to prevent child abuse and neglect, as noted in Attachment II.

The success and cost-effectiveness of the NFP Model has also been proven through several independent evaluations (Washington State Institute for Public Policy, 2004 & 2008; 3 RAND Corporation studies 1998, 2005, 2008; *Blueprints for Violence Prevention,* Office of Juvenile Justice and Delinquency Prevention). *Blueprints for Violence Prevention* identified NFP as one of 11 prevention and intervention programs out of 650 used nationwide that met the highest standard of program effectiveness in reducing adolescent violent crime, aggression, delinquency, and substance abuse. The RAND and Washington State reports weighed the costs and benefits of NFP and concluded that the program produces significant benefits for children and their parents, and demonstrated a savings to government in lower costs for health care, child protection, education, criminal justice, mental health, government assistance and higher taxes paid by employed parents. More recent analyses indicate that the costs of NFP compared to other home visitation programs fluctuate by region, and even though the NFP model is more intensive than other programs, it is not always more expensive. By the time the child reaches age four (4) the program has paid for itself in decreased costs to the health and social service systems, and by the time the child has reached age six (6), there are additional savings to the educational system making NFP an extremely cost-effective approach.

With additional funding, NFP could be expanded throughout the County to better target those who are most at risk for perpetuating the intergenerational cycle of abuse. At this time, the NFP program has a budget of $3,110,958 (partially offset by approx. $764,001 in Federal Financial Participation matching funds) and uses 15 specially trained Public Health Nurses that can attend to only 375 young mothers out of the identified 6,500 low-income pregnant and at-risk new mothers who are less than 17 years old and living in poverty in Los Angeles County. Currently NFP's caseloads are at capacity, causing many referrals to be denied. The program is currently funded through NCC dollars already in the DPH budget, which are matched to draw down Medi-Cal Targeted Case Management funds.

Many of the NFP clients are concurrently receiving services from other County departments, such as DCFS, DMH, Probation and DPSS and are at extremely high risk for poor outcomes in every category of functioning (e.g., health, mental health, school or workforce readiness, socioeconomic self-sufficiency, etc.). In 2005, DPH and Probation began working together after finding that pregnant juveniles were being discharged from Probation back into their home communities without adequate medical care for their pregnancies. DPH collaborated with Probation to have a PHN stationed at the Central Juvenile Hall to help identify and assist pregnant juveniles who enter the Probation system for short periods of time to secure medical care and access home visiting programs upon release. Many of these pregnant juveniles (approximately 70-75 percent) enter Probation with co-occurring sexually transmitted diseases (STDs) that, along with their criminal involvement, place their unborn children at extremely high risk for poor health outcomes. This collaborative effort involves information sharing, and revised protocols and procedures and has resulted in appropriate referrals to NFP and other community resources to help these young women and their children.

MENTAL HEALTH SERVICES ACT PREVENTION AND EARLY INTERVENTION FUNDS

DPH and DMH will explore the potential for the use of Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funds to support universal home visitation and in particular NFP. Supporting a community-wide home visitation network and intensive services for the highest risk clients through a program like NFP, or other models that have been shown to decrease child abuse and promote good health and mental health outcomes for children and families, may be consistent with the requirements for the use of the MHSA PEI funds.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

With a myriad of different home support programs that exist throughout Los Angeles County, there is a need for a strong infrastructure to connect new families to the most appropriate interventions available. Uniting a community-wide (i.e., primary prevention) program of hospital based family needs assessment coupled with home visiting such as that proposed by First 5 L.A. requires the simultaneous support of a selective (i.e., secondary prevention) program such as NFP to work with clients that are at higher risk and in need of more intensive levels of intervention to help them obtain good outcomes. Use of MHSA and First 5 LA funds to support these efforts is a critical first step. Further investment by First 5 and others in this prevention strategy could build the required infrastructure and enable delivery of our much needed child abuse prevention services.

Because NFP is currently at full capacity, expansion of the NFP with the potential use of MHSA and/or First-5 funding, if made available, would allow an additional 25 clients to be served for each additional nurse who is added to the program to serve those who are at high risk. At this time, there are approximately 6,500 low-income pregnant and at-risk

new mothers who are less than 17 years old and living in poverty in Los Angeles County who meet the intake criteria for NFP.

Focusing on prevention of child abuse by universally supporting pregnant women and parents with newborns provides us the best chance to prevent future child abuse cases. If you have any questions or need additional information, please let one of us know.

CONCLUSION

When approved, DPH requires four signed copies of your Board's action.

Respectfully submitted,

JONATHAN E. FIELDING
Director and Health Officer, Department of Public Health

Attachments (2)

c: Chief Executive Officer
County Counsel
Interim Director, Department of Health Services
Director, Department of Mental Health
Director, Department of Public Social Servuces
Director, Department of Children and Family Services
Chief Probation Officer
Public Defender

EXAMPLES OF FIRST 5 SUPPORTED MODELS OF PRENATAL TO THREE INTERVENTION

COUNTY	INITIATIVE/PROGRAM	TARGET POPULATION	GOALS	COST PER CLIENT or PROGRAM COSTS[1]
Alameda	**Every Child counts Universal Home Visitation** Post delivery women are offered one to three home visits by a hospital outreach coordinator who does initial screening, and a public health nurse (PHN) does a home visit within 72 hours of discharge. The PHN will visit the family up to three times and will perform physical assessments of the mother and baby, assists with breastfeeding, answers questions and gives referrals.	Voluntary family support services are offered to women giving birth within 4 area hospitals.	Support optimal parenting, social & emotional health and economic self sufficiency of families; improve child health, development and school readiness, improve overall health of children birth to five, and create an integrated, coordinated system of care.	Allocated $20 million dollars annually, with $1.3 million apportioned to the Universal Home Visitation Program.
Orange County	**Bridges to Newborns-First-5 Funded** The Commission partners with a network of birthing hospitals and a network of service providers to identify children whose families could benefit from additional family support and link them to a network of those services. The program assists parents in enrolling their children in health insurance programs, and in establishing relationships with clinics and doctors for immunizations and well-child checkups. If a family is identified to be a good fit for Bridges for Newborns Home Visitation services, they will be offered services for up to a year or more, with an average of ten home visits per year, per family. Service providers receive First-5 funding to expand their capacity to serve additional families referred from the Bridges program.	11 participating hospitals screen all mothers of newborns	Help families develop practices that support normal growth and development and promote establishment of a healthcare home.	$4.5 million per year for up to 2,500 families.

[1] In many cases, the cost per client information was not available. Overall program costs, or total funding amounts, are given when available.

COUNTY	INITIATIVE/PROGRAM	TARGET POPULATION	GOALS	COST PER CLIENT or PROGRAM COSTS[2]
San Mateo	**Prenatal to Three Program-** Is a comprehensive system for information, support and care for prenatal to age three Medi-Cal (only) families. It connects agencies and health care providers to families through a triage process conducted by PHNs who refer to the Adolescent Family Life Program, the Black Infant Health Program or PHN home visiting programs. Home visiting and associated case management and treatment services are offered during the late prenatal period and extend up to the third year of the infant's life.	Services to Medi-Cal eligible families only who are referred to the central office.	Build parental confidence and capacity, facilitate early identification of medical and developmental problems, stimulate brain development and provide a seamless system of care.	Registered approximately 1900 families at an annual cost per individual of $677 (based on the number of visits received.)
Santa Barbara	**Welcome Every Baby ("WEB")** Offers home visits to all families with newborns to assist with creating nurturing environments. A WEB representative visits the mother after birth at the hospital, and services offered include three home visits over nine months with three follow-up phone calls. An R.N. and a Child Developmental Specialist make a visit within 7 days of discharge of mother and baby, and the RN calls one week following that visit. The child developmental specialist makes phone calls at two months and six month intervals, and visits the family when the infant is four months and nine months old.	Offered to women in their 7th month of pregnancy through health clinics. There were 5,600 newborns each year in the county, and the target is to reach 90% of them.	Promote high-quality parent/child relationships, ensure safe environments for children, improve parents' understanding of their role in their child's development, and promoting healthy environments that are nurturing.	$1.36 million per year (7/1/04-6/30/05) that does not include many program support costs incurred by the funded party, and $85,000 of in-kind support from the County of Santa Barbara. Targeted Case Management (TCM) claiming provides about $150,000 of net revenue. Costs include 18.35 FTE positions, the bulk of which (14.0) are Child Development Specialists.

: First 5 P to 3 Projects Grid-Smart

[2] In many cases, the cost per client information was not available. Overall program costs, or total funding amounts, are given when available.

EFFECTIVENESS OF THE NURSE-FAMILY PARTNERSHIP MODEL

NFP is an evidence-based program with multi-generational outcomes that have been demonstrated in three randomized clinical trials that were conducted in urban and rural locations with diverse populations.[1] A randomized trial is the most rigorous research method for measuring the effectiveness of an intervention because it uses a "control group" of individuals with whom to compare outcomes to the group who received a specified intervention. NFP has been tested this way for over 30 years through a series of rigorous research, development, and evaluation activities conducted by Dr. David L. Olds, program founder and Director of the Prevention Research Center for Family and Child Health (PRC) at the University of Colorado in Denver.

The program effects that have the strongest evidentiary foundations are those that have been found in at least two of the three trials. They are:

- Improved prenatal health;
- Fewer childhood injuries;
- Fewer subsequent pregnancies;
- Increased intervals between births;
- Increased maternal employment; and
- Improved school readiness for children born to mothers with low psychological resources.

The following outcomes indicating reductions in child maltreatment have been observed among trial participants in at least one randomized, controlled trial:

- 56% reduction in emergency visits for accidents and poisonings;[2]
- 32% reduction in emergency visits in the second year of life;[3] and
- 39% fewer injuries among children of low resource mothers.[4]

Risks in the areas of prenatal health, parenting, and parental life-course conspire to increase the risk of maltreatment; NFP reduces specific risks in each of these realms.[5,6,7] Outcomes associated with reducing risk and increasing protective factors associated with the prevention of abuse and neglect include:

- 79% reduction in preterm delivery[8]
- 23% fewer subsequent pregnancies[9]
- 31% fewer closely-spaced (less than 6 months) subsequent pregnancies[11]
- 20% reduction in welfare use[10]

As the NFP program model has moved from science to practice, great emphasis has been placed on building the necessary infrastructure to ensure quality and fidelity to the research model during the replication process nationwide. In addition to intensive education and planned activities for nurses to conduct in the home, NFP has a unique data collection and program management system called the Clinical Information System (CIS) that helps NFP monitor program implementation and outcomes achieved. It also provides continuous quality improvement data that can help guide local practices and monitor staff performance. CIS was designed specifically to record family characteristics, needs, services provided, and progress towards accomplishing NFP program goals.

ENDNOTES

1 www.nursefamilypartnership.org

[2] Olds, D.L., Henderson, C.R. Jr, Chamberlin, R., & Tatelbaum, R. (1986). Preventing child abuse and neglect: a randomized trial of nurse home visitation. *Pediatrics, 78*(1), 65-78.

[3] Ibid.

[4] Reanalysis[§] of Kitzman et al. JAMA. 1997;278(8):644-652. This particular outcome reflects a reanalysis of data from the Elmira trial using an updated analytic method conducted in 2006.

[5] Kitzman, H., Olds, D.L., Henderson, C.R. Jr, Hanks, C., Cole, R., Tatelbaum, R., McConnochie, K.M., Sidora, K., Luckey, D.W., Shaver, D., Engelhardt, K., James, D., & Barnard, K. (1997). Effect of prenatal and infancy home visitation by nurses on pregnancy outcomes, childhood injuries, and repeated childbearing. A randomized controlled trial. *JAMA, 278*(8), 644-52.

[6] itzman, H., Olds, D.L., Sidora, K., Henderson, C.R. Jr, Hanks, C., Cole, R., Luckey, D.W., Bondy, J., Cole, K., & Glazner, J. (2000). Enduring effects of nurse home visitation on maternal life course: a 3-year follow-up of a randomized trial. *JAMA, 283*(15), 1983-9.

[7] Olds, D.L. (2002). Prenatal and infancy home visiting by nurses: from randomized trials to community replication. *Prevention Science, 3*(3), 153-72.

[8] Olds, D.L., Henderson, C.R. Jr, Tatelbaum, R., & Chamberlin, R. (1986). Improving the delivery of prenatal care and outcomes of pregnancy: a randomized trial of nurse home visitation. *Pediatrics,77*(1), 16-28.

[9] Kitzman, H., Olds, D.L., Henderson, C.R. Jr, Hanks, C., Cole, R., Tatelbaum, R., McConnochie, K.M., Sidora, K., Luckey, D.W., Shaver, D., Engelhardt, K., James, D., & Barnard, K. (1997). Effect of prenatal and infancy home visitation by nurses on pregnancy outcomes, childhood injuries, and repeated childbearing. A randomized controlled trial. *JAMA, 278*(8), 644-52.

[10] Olds, D., Kitzman, H., Cole, R. Robinson, J., Sidora, K., Luckey, D., Henderson, C., Hanks, C., Bondy, J., & Holmberg, J. (2004). Effects of nurse home visiting on maternal life-course and child development: age-six follow-up of a randomized trial. *Pediatrics 114*, 1550-1559.

The Nurse Family Partnership (NFP) - Consistent Program Effects[i] With Relevance to Many County Departments				
GOOD HEALTH	ECONOMIC WELL-BEING	SAFETY AND SURVIVAL	SOCIAL & EMOTIONAL WELL-BEING	EDUCATIONAL/WORKFORCE READINESS
✚ Improved prenatal health ✚ Fewer subsequent pregnancies ✚ Increased intervals between births	✚ Fewer subsequent pregnancies ✚ Increased maternal employment	✚ Fewer childhood injuries ✚ 61% fewer arrests ✚ 48% reduction in child abuse and neglect (First trial; child at age 15 years) ✚ 59% reduction in arrests of first-born child (First trial; child at age 15 years)	✚ Fewer subsequent pregnancies ✚ 61% fewer arrests of mother ✚ 72% fewer convictions ✚ 98% fewer days in jail[1] (First trial; child at age 15 years)	✚ Improved school readiness

CHILDREN & FAMILY SERVICES (DCFS)	HEALTH SERVICES (DHS)	JUSTICE (SHERIFF/PROBATION/ PUBLIC DEFENDER)	MENTAL HEALTH (DMH)	PUBLIC HEALTH (DPH)	PUBLIC SOCIAL SERVICES (DPSS)	SCHOOLS (LACOE & LAUSD)
Vision: Children grow up safe, physically and emotionally healthy, educated and in permanent homes	Vision: to enrich lives through effective and caring service	Vision: Rebuild lives and provide for healthier and safer communities	Vision: Partnering with clients, families and communities to create hope, wellness and recovery	Vision: Healthy people in healthy communities	Vision: To enrich lives through effective and caring service	Vision: To give our students a quality education
Mission: Provide a comprehensive child protection system of prevention, preservation, and permanency	Mission: To protect, maintain, and improve the health of communities through leadership, service, and education	Mission: Enhance public safety, ensure victims' rights and effect positive probationer behavioral change	Mission: To provide quality, cost-effective care in the least restrictive settings in your local communities	Mission: To protect health, prevent disease, and promote health and well-being	Mission: To enhance the quality of their lives, by expanding resources, innovative programs and services, and new public and private sector partnerships	Mission: Believe in the equal worth and dignity of all students and are committed to educate all students to their maximum potential

C: NFP HHS Impact on County Depts-Smart

[i] Effects observed in at least two of three trials (Elmira, Memphis and Denver). For additional information on the research, see http://www.nursefamilypartnership.org/content/index.cfm?fuseaction=showContent&contentID=4&navID=4